

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90009 047 ***150.00

DOCUMENT # **P01000053365** ✓

1. Entity Name

LAUNDRY U.S.A. INC

DO NOT WRITE IN THIS SPACE

80093393

2. Principal Place of Business

2890 N.E. 17th Avenue
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 480211
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL
Zip **33064** Country **USA**

City & State

Ft. Lauderdale, FL
Zip **33308** Country **USA**

4. FEI Number

NO APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Alexander Jackson

Street Address (P.O. Box Number Is Not Acceptable)

3900 N. Ocean Dr. #8-C

FOUNTAINHEAD CONDO

City

Ft. Lauderdale

FL

Zip Code

33308

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, full or printed name of registered agent, and fee is applicable.

Alexander Jackson

(NOTE: Registered Agent signature required when reinstating)

4/26/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Pres.
NAME	Victoria Cole
STREET ADDRESS	P.O. Box 480211
CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	V. Pres.
NAME	Kenneth Cole
STREET ADDRESS	P.O. Box 480211
CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #